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27123		/2007		Certificate of Mailing or Transmission					
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							(Signature)		
		,					(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	)R	ATTOR	NEY DOCKET NO.	CONFIRMATION NO.		
10/616,329	07/08/2003		Akio Saigusa	1232-5070		1232-5070	1354		
TITLE OF INVENTION	: OPHTHALMOLOGIC	APPARATUS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	JE FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	МО	\$1400	· \$300	\$0		\$1700	10/01/2007		
EXAM	IINER	ART UNIT	CLASS-SUBCLASS	j					
	DAWAYNE	2873	351-208000						
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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CANON KABUSHIKI KAISHA TOKYO, JAPAN									
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual 🛛 (	Corporation	n or other private gro	oup entity Government		
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	tus (from status indicate	(Order No. 1232-5070).  D b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee ar	as SMALL ENTITY stated Publication Fee (if req	uired) will not be accepte	ed from anyone other than	0			ne assignee or other party in		
interest as snown by the	records of the United Sta	ites Patent and Trademar	· ·		dy OO	2007			
Authorized Signature Date July 23, 2007  Typed or printed name Sungho Hong Registration No. 54,571									
Typed or printed nam		<u> </u>		<del>-</del>					
Alexandria, Virginia 22	virginia 22313-1430. DO 313-1450.	CFR 1.311. The informating U.S.C. 122 and 37 CFR to USPTO. Time will varurden, should be sent to the DOMOT SEND FEES OR persons are required to respect to the control of t	COMITECTED I ORMS	10 IIII0 ADDIE.	J.D. D.D. 1.D	10. 00	d by the USPTO to process) ag gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, I number.		

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•			Γ		***************************************		(Depositor's name)		
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		•					(Date)		
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nonprovisional	NO	\$1400	· \$300	\$0	\$1700		10/01/2007		
EXAMINER		ART UNIT	CLASS-SUBCLASS						
PINKNEY, DAWAYNE		2873	351-208000						
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3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIG	less an assignee is ident h in 37 CFR 3.11. Com	A TO BE PRINTED ON ified below, no assigned pletion of this form is NO	THE PATENT (print or e data will appear on the OT a substitute for filing a (B) RESIDENCE: (CI	patent. If an assigr n assignment.	nce is identified below.	, the docu	ment has been filed for		
CANON KABUSHIKI KAISHA TOKYO, JAPAN									
Please check the appropr	iate assignee category or	r categories (will not be p	printed on the patent):	☐ Individual 🖾 C	orporation or other priv	ate group	entity Government		
	are submitted:  No small entity discount   # of Copies3	permitted)	<ul> <li>ab. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-4500. (enclose an extra copy of this form).</li> </ul>						
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Authorized Signature	Sinder	, m		Date <u>JU</u>	ly 23, 2007				
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